

FORM LM-30

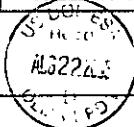
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U 10293

2. Fiscal Year Covered From

1 / 1 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name Johnny E. Alderman

P.O. Box, Bldg., Room No., if any

Street 4238 N. Park Ave

City Indianapolis

State IN ZIP Code + 4 46205

4. Name, file number, and address of labor organization.

Name Indianapolis Painters Local 47

Labor Organization File Number 037631

P.O. Box, Building and Room Number, if any

Street 6501 Massachusetts Ave

City Indianapolis

State IN ZIP Code + 4 46205

5. Position in labor organization.

Training Director / Trustee of Health and Welfare Fund / Vice President of Local 47
for Local 47 JATC

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

Johnny E. Alderman

On

8/9/05

Date

317-546-5638

Telephone Number

Name of Person Filing <u>Johnny E. Alderman</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Painters Local 47</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>6501 Massachusetts Ave</u> City <u>Indianapolis</u> State <u>IN</u> ZIP Code + 4 <u>46226</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Local 47 Apprenticeship Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>6501 Massachusetts Ave</u> City <u>Indianapolis, IN</u> State <u>IN</u> ZIP Code + 4 <u>46226</u>	11.a. Nature of such dealing. <u>Training of Common Membership</u> 11.b. Approximate dollar value of such dealing. <u>0</u> 12.a. Nature of interest held or income received. <u>Salary & benefits for training membership.</u> <u>Salary = 67,360</u> <u>Health Insurance = 12,592</u> <u>Pension = 16,389</u> 12.b. Amount <u>\$96,341</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Morris Associates</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>PO Box 50440</u> Street _____ City <u>Indianapolis</u> State <u>IN</u> ZIP Code + 4 <u>46250</u>	14.a. Nature of payment. <u>Golf outing</u> <u>Sept 2, 2004</u> 14.b. Amount of payment <u>\$131.65</u>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	

Name of Person Filing JOHNNY E. ALDERMAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from, or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **IUPAT Local Union 47**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **6501 Massachusetts Ave**

City **Indianapolis**

State **IN** ZIP Code + 4 **46226**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **International Union of Painters IATP**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1750 New York Ave, N.W.**

City **Washington**

State **District of Columbia** ZIP Code + 4 **20006**

11.a. Nature of such dealing.

Training Seminars and Meetings

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

travel, lodging, meals, stipends for IES seminar attendance, curriculum committee stipend, travel, and lodging, & travel, lodging, meals and stipend for Apprenticeship drywall finishing contest

12.b. Amount.

\$7,837.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0

Name of Person Filing <u>Johnny E Alderman</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from, or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. <u>0</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Sommer Barnard</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>One Indiana Square, Suite 3500</u></p> <p>City <u>Indianapolis</u></p> <p>State <u>IN</u> ZIP Code + 4 <u>46204</u></p>	<p>14.a. Nature of payment.</p> <p><u>afternoon visiting Indianapolis</u> <u>500 track & lunch</u></p> <p>14.b. Amount of payment. <u>\$120.00</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	

August 15, 2005

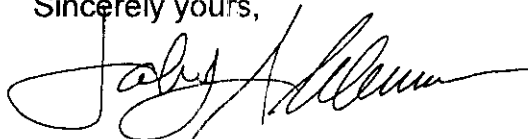
U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

RE: Form LM-30 (1/1/04 – 12/31/04)

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Johnny E. Alderman", written over a horizontal line.

Johnny E. Alderman
President, Painters Local 47/Painters Local 47 Heath Fund Trustee/and
Painters Local 47 Training Fund Director

CERTIFIED MAIL # 7003 0500 0000 2781 7378